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TO:	Examiner: Basi	FROM:	SHELLY GUEST CERMAK
FAX:	703.872.9306	REF. NO:	US-1280
VOICE:		PAGES	15 (incl. this sheet)
App. No.:	<b>09/868,338</b>	DATE:	January 4, 2005

The undersigned hereby certifies that the following document(s) is (are) being transmitted by telefacsimile to the United States Patent and Trademark Office at the above "FAX" number, on the above DATE:

1. This facsimile cover sheet (1 page)
2. Amendment transmittal letter (2 pages)
3. Amendment and Response under 37 C.F.R. § 1.111 (12 pages)



Shelly Guest Cermak  
Registration Number 39,571

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January 4, 2005

**Mail Stop Non-Fee Amendment**  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA. 22313-1450

In re application of: Kanno et al.  
 Application. No.: 09/868,338  
 Filing Date: June 18, 2001  
 Atty. Docket No. US-1280  
 Title: ABC TRANSPORTER AND GENE ENCODING SAME

Sir:

Transmitted herewith is an Amendment in the above-identified application. Please find enclosed:

- ☒ Amendment and Request for Reconsideration: 12 pages.  
☐ Petition for Extension of time from the Office Action, mailed , months to :  
 pages  
☐ Information Disclosure Statement: pages.  
☐ PTO-1449: pages.  
☐ cited references.  
☐ PTO-2038 Credit Card Payment Form (fee calculated as shown below): pages.  
☐ Other:  
☐ A fee is required, as calculated below:

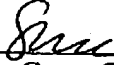
(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		LARGE ENTITY	
<i>Claims Remaining After Amendment</i>	<i>Highest No. Previously Paid For</i>	<i>Extra</i>	<i>Rate</i>	<i>Fee</i>	<i>Rate</i>	<i>Fee</i>
<i>Total</i>	minus	0	x \$9 =	\$	x \$18 =	\$
<i>Indep.</i>	minus		x \$43 =	\$	x \$86 =	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claims			+	\$	+	\$
			\$145=	\$	\$290	\$
				\$	=	\$
			<b>Total</b>		<b>Total</b>	

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please accept payment of the above-calculated fees, and any extension of time fees, or any IDS fees by the following payment method:

- ☐ Please charge Deposit Account No. 50-3077 in the amount of \$ .
- ☐ A check in the amount of \$ is enclosed.
- ☒ The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to
- ☒ Deposit Account No. 50-3077
- ☐ the credit account identified in PTO-2038.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

  
Shelly Guest Cermak  
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**U.S. P.T.O. Customer No. 38108**

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Date: January 4, 2005

JAN 04 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Kanno et al.

Art Unit: 1646

Application No.: 09/868,338

Examiner: Basi

Filing Date: June 18, 2001

Attorney Ref. No.: US-1280

For: ABC TRANSPORTER AND GENE  
ENCODING SAME**AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.111**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated October 6, 2004, which set a 3-month shortened statutory period for response thereto, please amend the above-captioned patent application as follows.

Amendments to the claims begin on page 2.

Remarks begin on page 6.